

**Physical Improvement Funding Application
2011 Community Development Block Grant Program**

PROJECT SUMMARY

| | |
|---|--------------------|
| Program Name: | |
| Organization/Agency: | |
| Street Address: | |
| City, State, Zip Code: | |
| Executive Director: | |
| Phone No.: | Fax No.: |
| Contact Name: | Contact Phone No.: |
| Contact e-mail: | |
| Federal IRS Tax Exempt #: | Amount Requested: |
| Use of funds: <input type="checkbox"/> Public Physical Improvement <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Facility Improvement <input type="checkbox"/> Economic Development | |

PROJECT DESCRIPTION

Give the project location and describe the scope of the project.

**COMMUNITY DEVELOPMENT BLOCK GRANT
PHYSICAL IMPROVEMENT PROPOSAL FORM**

NATIONAL OBJECTIVE, PROJECT ELIGIBILITY AND BENEFIT

- A) Indicate which national objective this project will address, explain how this will be accomplished and how you will document compliance with this National Objective during the required period. (Listed in the instructions.)
- B) Program need: Describe the community need for this project and how the project fits into the community's long-range planning.

- C) Identify who your project will benefit (target area neighborhoods, homeless, homeowners, low/mod individuals, unemployed or underemployed, etc.). Be specific and quantify the number of persons/households your project will assist or benefit. You will be required to document the number of persons (or households) that benefit from this project, verify that at least 51% of the beneficiaries are income eligible city residents and collect race/ethnic information. If your project involves housing, describe any housing problems that may be unique to your clients.

D) Project Benefit:

- 1) If your project will provide benefit directly to a household or individual, use the following table to indicate the number of clients in the income brackets that you anticipate assisting with this project. (Area Median Income-AMI)

| | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person |
|-----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Extremely Low Income | \$13,000 or less | \$14,850 or less | \$16,700 or less | \$18,550 or less | \$20,050 or less |
| Low Income | \$13,001 – 21,700 | \$14,851 – 24,800 | \$16,701 – 27,900 | \$18,551 – 30,950 | \$20,051 – 33,450 |
| Low-Moderate Income | \$21,700 - \$34,650 | \$24,801 - \$39,600 | \$27,901 - \$44,550 | \$30,951 - \$49,500 | \$33,451 - \$53,500 |
| Greater than 80% AMI | \$34,651 or more | \$39,601 and up | \$44,551 and up | \$49,501 and up | \$53,501 and up |

Total number of clients you plan to serve:

Total number of clients with incomes greater than 80% AMI:

Total number of clients with incomes in the Low-Moderate Income range:

Total number of clients with incomes in the Low Income range:

Total number of clients with incomes in the Extremely Low Income range:

- 2) If your project will provide an area benefit, please list the census tracts and block groups where the project is located. **(For census information contact Bob Woolford 349-3580).**

PLANNING AND IMPLEMENTATION

- A) Do you own or have site control of the property on which the project is to take place?
☐ **YES** ☐ **NO** ☐ **N/A** If you answered **NO**, please explain below. Attach your deed, purchase agreement or lease agreement.
- B) Is the property currently occupied or will it be occupied between the time this application is submitted and the time the grant is awarded?
☐ **YES** ☐ **NO** ☐ **N/A**

If you answered **YES**, please contact **Bob Woolford at 349-3580**. It is possible the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 may affect your project.

- C) Is the property zoned for your intended use? **(You must verify this information with Tom Micuda 349-3423).** ☐ **YES** ☐ **NO** ☐ **N/A**

1. If you answered **NO**, please explain below.

2. Describe any variances or approvals that may be required by any public board, commission, or council, the status of those approvals and a timeline to complete all necessary approvals. ***NOTE: Any variances or approvals must be obtained prior to any funding being disbursed.***

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- D) Is the property already served by public utilities? You must verify that this project is served by City of Bloomington Utilities' sanitary sewers and water service with Byron Reinhold 339-1444. ☐ **YES** ☐ **NO** ☐ **N/A** If you answered **NO**, please explain the steps necessary to provide public utilities to the site.

Does this project involve subdividing a lot, construction of new sidewalks or other improvements within the public rights of way? ☐ **YES** ☐ **NO** ☐ **N/A** If you answered YES, you may be required to install new storm sewers. CBU's contact for storm water improvements is Jane Fleig at 339-1444.

- E) Describe any known or suspected environmental problems which may impact your project. **(Consult with Nancy Hiestand 349-3507)**. If this project has a residential component or is on the same parcel of land that has a residential structure, HUD's lead based paint regulations may affect your project. If the residential structure was built prior to 1978 you must assume there is lead based paint and you are required to comply with the lead based paint regulations, explain the necessary steps that must be completed and what work has been completed to date. **(Consult with Mike Arnold 349-3401)**.

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- F) Who is responsible for the contract administration, project design, work write-up, etc.? Describe their experience at administering this type of project.
- G) Is the project ready to begin (other funding sources secured, planning approvals secured, construction documents ready for letting, etc)? ☐ **YES** ☐ **NO** If **NO**, please explain. Include a realistic detailed timeline for the entire project (when other funding is ready, planning approvals, construction documents ready, projected bid opening, construction timeline, construction completion, move-in date for occupants, appraisals, property transfer, etc.) NOTE: Project should be completed by May 31, 2012

Is this a multi-year project? ☐ **YES** ☐ **NO** If **YES**, describe the future phases of the project, including timeline, and how future phases will be funded.

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- H) Is the estimated cost of the construction over \$2,000? ☐ YES ☐ NO

If YES, you must contact Bob Woolford, at 812-349-3580, to see if federal labor and wage rates need to be obtained.

- I) Will additional funding (non-CDBG and non-HOME) be required to maintain or operate the project once it has been completed? ☐ YES ☐ NO ☐ N/A If YES, how will you secure this funding?

- J) As a result of CDBG funding, will the project provide the organization with income (e.g. rental income, sale of real property, sale of merchandise, etc)? ☐ YES ☐ NO If YES, please explain what the income will be used for? If real property is improved or purchased and later resold, will you attach any encumbrances on the deed?
☐ YES ☐ NO If YES, please include a copy of the encumbrances and why they are needed.

- K) If your agency received CDBG Physical Improvement funding in the past five years, describe the project, the dollar amount received, and the status of the project (completed, ongoing, under construction, etc.).

COMMUNITY DEVELOPMENT BLOCK GRANT PHYSICAL IMPROVEMENT PROPOSAL FORM

FINANCIAL

- A) Total estimated project cost: \$ _____ (a)
- Total funds available: \$ _____ (b)
- (List all sources below)
- Funding gap: \$ _____ (c) $a - b = c$
- Amount requested on this application: \$ _____

- B) List all funding sources for the project which you are Seeking(S) and/or Receiving(R).

| FUNDING SOURCES | FUNDING AMOUNT | (S) or (R) |
|------------------------|-----------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

- C) Are you using or applying for any federal funds or State of Indiana funds for any part of this project? If so, list those funding sources. You may be asked for your application to these sources, their instructions, rules and requirements. If you receive CDBG funding, your funding agreement may include restrictions in what type of funds you will be able to use in conjunction with these CDBG funds on the specific project or program.
- D) Describe any monetary or in-kind contributions to be contributed by your organization, including agency funds or staff or any other organization. If you will be using your own work force, what contingency plan do you have in place to meet your projected timeline if staff becomes unavailable?

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E) What effect will partial funding have on your project?

F) Complete the attached Project Cost Summary Worksheet.

PROJECT COST SUMMARY WORKSHEET

| Project Categories | Project Costs | Portion to be paid with CDBG Funds |
|---|----------------------|---|
| Acquisition Costs | | |
| On-Site Work | | |
| Off-Site Work (i.e. streets, curbs, etc) | | |
| Construction Costs | | |
| Rehabilitation Costs | | |
| Construction Contingency (%) | | |
| Fees and Permits | | |
| Professional Fees: | | |
| - Architect/Design Fee | | |
| - Engineering | | |
| - Accounting/Real Estate | | |
| - Appraisal, Env. Report, Market Study | | |
| - Consulting, etc. | | |
| Developer's Fees | | |
| Construction Interest Costs | | |
| Construction Loan Fee | | |
| Insurance, Title, and other related Fees | | |
| Real Estate Taxes | | |
| Start-up Expenses | | |
| Other Fees (list): | | |
| Additional Project Costs: | | |
| Commission | | |
| | | |
| TOTAL COSTS | | |